

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on June 6, 2003.

### **I. DISPUTE**

Whether there should be reimbursement for CPT Codes 99241 and 14021 for dates of service 09/12/02 and 10/31/02.

### **II. RATIONALE**

Neither party submitted EOBs; therefore, the disputed dates of service will be reviewed according the Commission Rules and/or the 1996 Medical Fee Guideline.

- CPT Code 99241 for date of service 09/12/02. Per the 1996 Medical Fee Guideline, Evaluation & Management Ground Rule (IX)(D)(1) this code is used to report consultations provided in the doctor's office, emergency department, or any other outpatient setting; however, relevant information was not provided to establish services were rendered as billed. Reimbursement is not recommended.
- CPT Code 14021 for date of service 10/31/02. Per the 1996 Medical Fee Guideline, CPT Descriptor, the submitted operative report support the delivery of service. Reimbursement in the amount of \$961.00 is recommended.

### **III. DECISION & ORDER**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT code 14021 in the amount of \$961.00. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$961.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 01st day of April 2004.

Marguerite Foster  
Medical Dispute Resolution Officer  
Medical Review Division

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